	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK															
	CITY TOWN of NO	MA DATE PERMIT#														
To South	JOBSITE ADDRESS OWNER'S NAME															
P	OWNER ADDRESS TEL FAX															
TYPE OR	OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL															
PRINT CLEARLY	NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO												_ NC			
FIXTURES 7	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONNECTION DEVICE																
DEDICATED SPECIAL WASTE SYSTEM													- 1			
DEDICATED GAS/OIL/SAND SYSTEM		- 1														
DEDICATED GRE																
	AY WATER SYSTEM															
DEDICATED WAT																
DISHWASHER																
DRINKING FOUN																
FOOD DISPOSER		1														
FLOOR / AREA D																
INTERCEPTOR (I	NTERIOR)															
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL									-							
SERVICE / MOP S	SINK								2 = 1							
TOILET																
URINAL								-								
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES									January 1							
WATER PIPING																
OTHER																
						4										
		LL			L	1		<u></u>		L						
I have a current	liability insurance policy	or its su	bstan			ICE CO			quireme	ents of	MGL C	1. 142.	YES [	NO		
IF YOU CHECKED	YES, PLEASE INDICATE TH	IE TYPE (	OF CO	VERAG	E BY C	HECKIN	G THE A	PPROP	PRIATE E	BOX BE	LOW					
LIABILITY INSURANCE POLICY OTHER TYPE OF INDEMNITY BOND																
OWNER'S INSUI	RANCE WAIVER: I am aw	are that	the lic	ensee	does r	not have	the ins	suranc	e cover	age re	quired b	y Char	oter 142	of the		
	General Laws, and that m															
									СНЕ	ECK OI	NE ONL	Y: 0\	NNER	☐ A	GENT	
	SIGNATURE OF OWNER O															
and that all plumb	at all of the details and informing work and installations potate Plumbing Code and Cha	erformed	under	the per	mit iss	ued for th	garding f nis appli	this app cation v	olication will be in	are true compl	e and ac	curate t h all Pe	o the be ertinent p	est of my provision	knowle n of the	edge
PLUMBER'S NAI		aptel 142	. or the	. Genera		s. ICENSE	#		1			SIGN	IATURE			
MP JP	The state of the s															
COMPANY NAM	P	2011			ADDF	RESS				-3 ·· L			3" L			
CITY		STAT	TE [		ZIP				_	TEL [						7
FAX	CELL		AIL [	WINNESS AND THE REAL PROPERTY OF THE PERTY O	] -"									***************************************		
LAV	UELL	LIV	IAIL													- 1

FINAL INSPECTION NOTES							
THIS PAGE FOR INSPECTOR USE ONLY  Yes No  THIS APPLICATION SERVES AS THE PERMIT	FEE: \$ PERMIT #						
ROUGH GAS INSPECTION NOTES						1	